

South Carolina

Data as of May 2004

Mental Health and Substance Abuse Services in Medicaid and SCHIP in South Carolina

As of July 2003, 876,088 people were covered under South Carolina's Medicaid/SCHIP programs. There were 819,297 enrolled in the Medicaid program, and 56,791 enrolled in the Medicaid SCHIP expansion program. In state fiscal year 2003, South Carolina spent \$3.7 billion to provide Medicaid services.

In South Carolina, low-income children may be enrolled into the Medicaid program or a SCHIP Medicaid expansion program.

- The Medicaid program serves infants in families with incomes of 185% FPL or less, children ages 1 through 5 in families with incomes of 133% FPL or less, and children ages 6 through 18 in families with incomes less than 100% FPL.
- The SCHIP Medicaid expansion program serves children ages 1 through 18 from families with incomes of no more than 150% FPL who do not otherwise qualify for Medicaid.

South Carolina allows Medicaid and SCHIP beneficiaries who are members of low-income families or low-income children to choose to enroll into:

- A comprehensive Managed Care Organization (MCO). The MCO is responsible for delivering a limited package of outpatient mental health and substance abuse services to enrollees. MCO enrollees can access those mental health and substance abuse services that are not part of the MCO's benefit package through the fee-for-service system. As of July 2003, about 53,793 beneficiaries were enrolled in MCOs.
- A specialized Prepaid Ambulatory Health Plan (PAHP) program called the PEP (Physician Enhanced Program). These PAHPs are responsible for delivering only physician services. They are not responsible for delivering any mental health and substance abuse services to enrollees. All beneficiaries enrolled in this program receive all mental health and substance abuse services through the fee-for-service system. As of July 2003, about 17,402 people were enrolled in the PEP.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low income families with children under age 18 and adjusted incomes of 50% FPL or less.
2. Pregnant women and infants in families with incomes of 185% FPL or less.
3. Children age 1-5 from families with incomes of 133% FPL or less
4. Children age 5-18 from families with incomes of 100% FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

Aged, Blind, and Disabled

1. Individuals receiving SSI.
2. All individuals receiving South Carolina's state supplementary SSI payment, met all SSI requirements except income, and have an adjusted monthly income of no more than \$564/individual; \$846/couple.
3. All working individuals between the ages of 16 and 64 who meet the SSI definition of disability and have an income of 250% FPL or less.
4. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in an institution.

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5. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300% of the maximum SSI benefit (\$1,692).
6. Uninsured or underinsured women with incomes up to 200% FPL who have been screened through the Best Chance Network and found to require treatment for breast or cervical cancer.
7. Aged, Blind and Disabled individuals with countable income at or below 100% of poverty (\$776 monthly for an individual and \$1,041 monthly for a couple) effective 4/1/03. Their countable resources must be below \$4,000 for an individual or \$6,000 for a couple.

Medically Needy

South Carolina does not have a medically needy program

Waiver Populations

South Carolina has an 1115 waiver to expand Medicaid pharmacy coverage to certain seniors. This group does not, however, receive substance abuse or mental health services as described here.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service South Carolina Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that South Carolina must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

| Inpatient Hospital Services | | |
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| Service | Description | Coverage Requirements |
| Inpatient | Services provided in a licensed acute general hospital, including treatment for acute mental health and substance abuse conditions. | All non-emergency admissions must be prior authorized by the Medicaid agency or its designated agent. |

| Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services | | |
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| Service | Description | Coverage Requirements |
| Outpatient Psychiatric and Substance Abuse Care | Non-emergency outpatient services provided in an outpatient hospital clinic, including mental health and substance abuse services | <ul style="list-style-type: none"> • Beneficiaries may receive mental health and substance abuse services from an outpatient hospital, but the services <ul style="list-style-type: none"> – Services must be non-emergency, and – Are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document. • Adult beneficiaries may receive up to 12 visits per fiscal year. Limit does not apply to pregnant women and children, nor does it apply to visits for mental health and substance abuse. |

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| Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services | | |
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| Service | Description | Coverage Requirements |
| Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Indian Health Service Clinics (IHSs) | Mental health services provided by an FQHC, RHC, or IHS. | <ul style="list-style-type: none"> Beneficiaries may receive mental health services from RHCs and FQHCs services that are <ul style="list-style-type: none"> Performed by a physician, physician assistant, nurse practitioner, nurse midwife, or specialized nurse practitioner acting within his/her scope of practice. Limited to the same extent as they would be if provided in another setting (as specified in the remainder of this document). Beneficiaries may receive RHC services furnished at the clinic, skilled nursing facility, or the patient's place of residence. FQHC services must be provided at the center. Services provided by an FQHC or RHC must meet the same requirements as services provided by another provider. |

| Physician Services | | |
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| Service | Description | Coverage Requirements |
| Physician Services | Medicaid-covered mental health or substance abuse services provided by a physician acting within his/her scope of practice, including individual, group, and family counseling. | <ul style="list-style-type: none"> Beneficiaries may receive mental health and substance abuse services from physicians, but the services are limited to the same extent as physician services, therapy, and other services as specified in the remainder of this document. The service must be within the physician's scope of practice |

| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21 | | |
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| Service | Description | Coverage Requirements |
| Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Mental Health Services | EPSDT provides for access to services, including mental health and substance abuse services <ul style="list-style-type: none"> In amounts greater than that otherwise covered by the Medicaid program That can be covered under federal Medicaid law, but that South Carolina has otherwise chosen not to cover. | <ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Service must be prior authorized by the Medicaid agency. All services beyond that otherwise covered by the Medicaid agency must be prior authorized by the Medicaid agency. |
| Psychologist | Services provided by a licensed psychologist, including psychological <ul style="list-style-type: none"> Testing Evaluation Individual, family and group counseling | <ul style="list-style-type: none"> Beneficiary must be under age 21 Service must be needed to ameliorate or treat a condition identified in an EPSDT screen Services are covered when prescribed through an EPSDT screen or exam and a prior authorization process. Services may be rendered by a licensed doctoral level psychologist in private practice or employed by an approved and enrolled provider. |

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Optional State Plan Services

| Clinic Services | | |
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| Service | Description | Coverage Requirements |
| Mental Health Clinics | <p>Mental health services that are primary, preventive, therapeutic and rehabilitative and that would be covered if provided in another setting may be provided by mental health clinics, including</p> <ul style="list-style-type: none"> • Peer support • Testing • Evaluation • Individual, family and group counseling | <ul style="list-style-type: none"> • To qualify for services beneficiaries must belong to one of the following groups <ul style="list-style-type: none"> – Psychiatrically disabled clients that meet the criteria established through the South Carolina Department of Mental Health (DMH) – Clients with co-occurring psychiatric and addictive disorders that meet the criteria established through the DMH – Emotionally disturbed clients that meet the criteria established through the DMH – Clients who physicians, within the scope of their medical practice, believe would benefit from the service. • Medicaid coverage is limited to outpatient Mental Health clinics meeting the standards as determined by the South Carolina Department of Mental Health |

| Inpatient Psychiatric Services (for persons under the age of 21) | | |
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| Service | Description | Coverage Requirements |
| Inpatient Services | Evaluation, diagnostic and treatment services provided in a licensed psychiatric hospital or residential treatment center. | <ul style="list-style-type: none"> • The beneficiary must be under age 21 at admission. • All admissions must be prior authorized by a Medicaid authorized referral entity. • A Certification of Need must be obtained prior to admission. |

| Rehabilitative Services | | |
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| Service | Description | Coverage Requirements |
| Alcohol and Drug Abuse Services | <ul style="list-style-type: none"> • Alcohol and drug abuse diagnosis and treatment services, including <ul style="list-style-type: none"> – Outpatient – Residential (16 beds or less—treatment is covered, but not room and board). | <ul style="list-style-type: none"> • To qualify for a service a beneficiary must meet the appropriate American Society for Addiction Medicine (ASAM) Levels of Care. • Some services must be prior authorized by the Medicaid agency or its designated agent • Services must be ordered by a licensed physician and provided by, or under the direct supervision of, a credentialed professional in the alcohol and drug abuse field. • Services are only available through licensed, local alcohol and other drug treatment commissions. |
| Children's Rehabilitative Services | <ul style="list-style-type: none"> • Treatment plans will utilize diagnostic, therapeutic, and restorative services. • The following mental health | <ul style="list-style-type: none"> • To qualify for service beneficiaries must <ul style="list-style-type: none"> – be under age 21 – be special needs children with physical or emotional handicaps |

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| Rehabilitative Services | | |
|--------------------------------|---|---|
| Service | Description | Coverage Requirements |
| | <p>services are included:</p> <ul style="list-style-type: none"> - Identification/Assessment, - Evaluation, - Counseling, and/or Therapy - Psychological Evaluation and Testing - Crisis stabilization - Community support services | <ul style="list-style-type: none"> • The service must be needed to ameliorate, as much as possible, developmental disabilities and/or delays, improve the child's ability to function independently, and restore maximum function. • Services may only be provided as part of an approved Individualized Family Service Plan (IFSP), Individualized Treatment Plan (ITP), or Individualized Education Plan (IEP). |

| Targeted Case Management | | |
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| Service | Description | Coverage Requirements |
| Targeted Case Management (TCM) for severely emotionally disturbed children | Services to provide qualified beneficiaries with access to educational, social, medical, legal, treatment, and rehabilitative services to improve the child's functioning. | <ul style="list-style-type: none"> • To qualify for services beneficiaries must <ul style="list-style-type: none"> - be under age 21 - be a severely emotionally disturbed child - have a history of failed treatment • Services may only be provided as part of an active plan of service |
| Targeted Case Management (TCM) for Psychiatrically Disabled Adults. | Services to provide qualified beneficiaries with access to educational, social, medical, legal, treatment, and rehabilitative services and include monitoring and follow up. | <ul style="list-style-type: none"> • To qualify for services beneficiaries must <ul style="list-style-type: none"> - be age 21 or older - be psychiatrically disabled • Services may only be provided as part of an active plan of service • Be beneficiaries of South Carolina Department of Mental Health. |
| Targeted Case Management (TCM) for Alcohol and Drug Users | Services necessary to assure that the qualified beneficiary has access to a full array of needed medical, educational, social, treatment, and rehabilitative services. | <ul style="list-style-type: none"> • To qualify for services beneficiaries must be alcohol and drug abusers (as determined by South Carolina criteria) • Services may only be provided as part of an active plan of service |
| Targeted Case Management (TCM) for individuals with mental retardation and related disabilities | Services necessary to coordinate an optimum life style for a targeted patient population through a coordinated effort of monitoring the patient's needs; with a systematic referral process to providers for medical, education, legal, and rehabilitative services, with documented follow-up | <p>To qualify for services beneficiaries must</p> <ul style="list-style-type: none"> • Be non-institutionalized with mental retardation and related disabilities as diagnosed and determined by SC Department of Development Disabilities. |
| Targeted Case Management (TCM) for individuals with sickle cell disease | Services necessary to assure that the targeted population has access to a full array of needed medical services, health education services and psycho-social services | <p>To qualify for services beneficiaries must</p> <ul style="list-style-type: none"> • Be non-institutionalized and have a confirmed laboratory diagnosis of sickle cell disease. |
| Targeted Case Management (TCM) for individuals with sensory impairment | Services necessary to assure that the qualified beneficiary has access to needed medical, social, education, and other services | <p>To qualify for services beneficiaries must</p> <ul style="list-style-type: none"> • Be diagnosed as legally blind or visually impaired, or deaf or hard of hearing or multi-handicapped. • Be beneficiaries of the South Carolina Commission for the Blind or South Carolina School for the Deaf and Blind • Ages birth through 64. |

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| Targeted Case Management | | |
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| Service | Description | Coverage Requirements |
| Targeted Case Management (TCM) for juvenile justice children | Services necessary to assure that the qualified beneficiary has access to a full array of needed community services, to include appropriate medical, social, education, treatment, and rehabilitative services. | To qualify for services beneficiaries must <ul style="list-style-type: none"> • Be ages 0 – 21 • Non-institutional level and receiving community services in association with Department of Juvenile Justice |
| Targeted Case Management (TCM) for vulnerable adults in need of Protective Services | Services necessary to assure that the qualified beneficiary has access to needed medical, social, educational and other services. | To qualify for services beneficiaries must <ul style="list-style-type: none"> • Be beneficiaries of the Department of Social Services Adult Protective Services • Be ages 18 and older |
| Targeted Case Management (TCM) for Children in Foster Care | Services necessary to assure that the qualified beneficiary has access to needed medical, social, educational and other services. | To qualify for services beneficiaries must <ul style="list-style-type: none"> • Be beneficiaries of the South Carolina Department of Social Services • Be in Foster Care • Be ages 0 – 21 |
| Targeted Case Management (TCM) for seriously emotionally disturbed children | Services necessary to assure that the qualified beneficiary has access to needed medical, social, educational and other services. | To qualify for services beneficiaries must <ul style="list-style-type: none"> • Be ages 0 – 21 • Be beneficiaries of the South Carolina Department of Mental Health |

SCHIP Medicaid Expansion Program

Who is Eligible for the SCHIP Medicaid Expansion Program?

The SCHIP Medicaid expansion program serves two groups of children.

1. Children ages 1 through 5 in families with incomes between 133% and 150% FPL.
2. Children ages 6 through 18 in families with incomes between 100% and 150% FPL.

What Mental Health/Substance Abuse Services are Covered by the SCHIP Medicaid Expansion Program?

Mental health and substance abuse coverage in the SCHIP Medicaid expansion program is identical to that of the Medicaid program (described in the previous section).

Separate SCHIP Program

South Carolina does not operate a separate SCHIP program.